From: To: 2024429430 04/07/2009 01:11 #532 P. 002/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 09G037 NAME OF PROVIDER OR SUPPLIER 02/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) **INITIAL COMMENTS** W 000 W 000 A recertification survey was conducted from February 19, 2009 through February 20, 2009. The survey was initiated using the fundamental survey process. A random sample of three DEPARTMENT OF HEALTH clients was selected from a resident population of **HEALTH REGULATION ADMINISTRATION** six males with various disabilities. The findings of **825 NORTH CAPITOL ST., N.E., 2ND FLOOR** the survey were based on observations, **WASHINGTON, D.C. 20002** interviews with staff in the home and at three day programs, as well as a review of client and administrative records, including incident reports. 483.410(d)(3) SERVICES PROVIDED WITH W 120 Client #2 Day Program will be W 120 **OUTSIDE SOURCES** requested to send the QMRP and HM a copy of the written feeding The facility must assure that outside services meet the needs of each client. program. Staff at the day program will receive additional training for supporting Client #2 mealtime. This STANDARD is not met as evidenced by: The QMRP and HM will visit the Based on observation, interviews, and record review, the facility failed to ensure that staff day program monthly to observe working with clients at their day programs staff support for Client #2. 4/30/09 provided the appropriate level of assistance during meals, for one of the three clients in the sample. (Client #2) The finding includes: On February 19, 2009, Client #2 was observed at his day program from 10:53 AM - 12:47 PM. He and his peers started lunch at approximately 12:28 PM. Initially, he scooped his food independently using a plastic spoon and ate at a reasonable pace. Within a minute, however, a direct support staff person who was standing behind the client's right shoulder, took the client's right hand in his own hand. The staff held Client #2's hand back when he tried moving his hand towards the plate to obtain the next spoonful BORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days downing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

RM CMS-2567(02-99) Previous Versions Obsolete

From:
To: 2024429430
04/07/2009 01:11 #532 P. 003/037

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
JATEMENT OF DEFICIENCIES
ND PLAN OF CORRECTION

TO: 2024429430

04/07/2009 01:11 #532 P. 003/037

PRINTED: 03/25/2009
FORM APPROVED
OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION
(X3) DATE SURVEY

FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 07 c B. WING 09G037 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW COMMUNITY MULTI SERVICES, INC WASHINGTON, DC 20008 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 120 Continued From page 1 W 120 before he had finished chewing his food. The staff was stooped over, reaching behind the client's neck and had his left hand placed on the client's left shoulder. The staff was not positioned DE to see the client's mouth. CEN As they proceeded with the meal, there were several occasions when the staff held the client's hand back, even though the client had finished swallowing his food. While the client applied greater force with his hand, trying to get the spoon over to the plate, the staff instructed him to "swallow first" and held his hand firmly back. The client's hand trembled while he looked up at the staff. This continued for approximately 5 minutes. The client kept looking up at the staff, first with a look of bewilderment, followed by facial expressions of frustration. The client eventually grabbed food off of his plate with his left hand. At approximately 12:50 PM, interview with the day program case manager revealed that Client #2 had a formal, written program for staff support during meals. He said staff were to sit next to the client, not stand, and to offer verbal cues to slow down if the client's eating pace grew too quickly. The case manager further indicated that the staff person had worked with the client "on and off for a couple of years" and had received training on the client's programs. In addition, he stated that the Qualified Mental Retardation Professional and House Manager had visited the day program. Оп February 20, 2009, at 2:51 PM, review of Client #2's individual program plan (IPP) dated September 5, 2008, confirmed that he had a goal to "consume his foods at an appropriate pace

daily... A day program staff will sit next to <client's name> during his lunch and snacks/breaks... will

DEPA CENT	RTMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES		,		PRINTE	D: 03/25/2009 M.APPROVED	
'STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		TIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED.		
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СОММ	PROVIDER OR SUPPLIER UNITY MULTI SERVICE			] :	REET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008			
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W 125	encourage <client's 4="" 483.420(a)(3)="" a="" age="" and="" as="" assiste="" behaviors="" between="" bites="" biting,="" clients="" context="" dated="" due="" eating="" ensitherefore,="" extend="" extent="" facility="" facility,="" factor="" fi="" finger="" followin="" foo="" hand="" in="" included="" including="" individual="" involving="" light="" must="" of="" only="" or="" pace="" physical="" plan,="" prescrit="" process.<="" program="" prot="" redii="" right="" rights="" staff="" such="" support="" td="" that="" the="" to="" using="" vidence=""><td>name&gt; to slow down his verbal prompts when needed d" The client's behavior May 8, 2008, addressed nger/thumb sucking, gressive food grabbing and g statement: "Touch control rection is allowed by BSP but f addressing incidents gression." There was no clifty ensured that day and with Client #2's meal only bed in his plan. ECTION OF CLIENTS were the rights of all clients. The rights as clients citizens of the United States, file complaints, and the right mot met as evidenced by</td><td>W 1</td><td>25</td><td></td><td>of the letter e sent</td><td></td></client's>	name> to slow down his verbal prompts when needed d" The client's behavior May 8, 2008, addressed nger/thumb sucking, gressive food grabbing and g statement: "Touch control rection is allowed by BSP but f addressing incidents gression." There was no clifty ensured that day and with Client #2's meal only bed in his plan. ECTION OF CLIENTS were the rights of all clients. The rights as clients citizens of the United States, file complaints, and the right mot met as evidenced by	W 1	25		of the letter e sent		
to the second se	Qualified Mental Reta (QMRP) and review of (BSP), the facility failed rights of all clients we allow and encourage their rights as resident citizens of the United residing in the facility. #6)  The finding includes:	n, interviews with the indation Professional of behavioral support plan (s) and to demonstrate how the re protected, and failed to individual clients to exercise ts of the facility, and as States, for 5 of 6 clients (Clients #1, #2, #3, #4 and						
1	On February 20, 2009	at approximately 3:25 PM,					1	

From: To: 2024429430 04/07/2009 01:12 #532 P. 005/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED B. WING 09G037 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 125 Continued From page 3 W 125 during the environmental walk thru, there was an alarm that rang when the third level exit door was opened. Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the alarm was placed on the door to address Client #5's target behavior of elopement. Further Interview with the QMRP revealed that she was unsure if the facility's Human Rights Committee (HRC) had approved the use of the door alarm. CON On February 19, 2009 at 12:59 PM, review of the HRC minutes for the periods of April 2008 thru January 2009, revealed that the HRC minutes dated November 20, 2008, had approved Client #5's Behavior Support Plan (BSP), which included elopement. Further review of the the HRC minutes failed to address the approval of the door alarm during the aforementioned review periods. Continued interview with the QMRP revealed she was unsure if the clients, legal guardians and/or involved family members had been made aware of the purpose of the door alarms and/or agreed to their use. At the time of the survey, there was no evidence that the clients legal guardians and/or involved family members were aware of the door alarm use. 483.430(e)(3) STAFF TRAINING PROGRAM -W 193 W 193

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Staff must be able to demonstrate the skills and

This STANDARD is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation

techniques necessary to administer interventions to manage the inappropriate behavior of clients.

Event ID: ZUHO11

Facility ID: 09G037

If continuation sheet Page 4 of 23

From: To: 2024429430 04/07/2009 01:12 #532 P.006/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB <u>NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 09G037 NAME OF PROVIDER OR SUPPLIER 02/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) € TAG TAG DEFICIENCY) W 193 Continued From page 4 W 193 of behavior support plans (BSPs), for two of the three clients in the sample. (Clients #1 and #2) The findings include:  $\mathcal{C}$ Cross-refer to W249. On February 19, 2009, clients were observed in the facility from 6:25 AM - 9:03 AM and again from 4:07 PM - 6:38 PM. Observations that day revealed that staff failed to implement Clients #1's and #2's BSPs, as follows: 1. On February 19, 2009, beginning at 4:44 PM, 1. All staff within the facility Ct Client #1 was observed sitting quietly with his 2 dill receive training for Client hands tucked under his buttock. At 5:00 PM, and . 63 #1's BSP by the behavioral specia again at 5:08 PM, he stood up from the chair, did 200 a quick twirl and then sat back down, placing his list. The QMRP and HM will observe  $z \in \mathbb{R}^{A}$ hands back under his buttocks bot times. He was daily for implementation. Behavinot engaged in a meaningful activity during that oral specialist will also review period. After dinner, Client #1 was again data forms. observed sitting on his hands for a 29 minute 4/6/09 period (5:45 PM - 6:14 PM), and not engaged in activities. Client #1's BSP, dated November 17, 2008, included "sitting on hands" as a targeted behavior. The BSP stated that staff should "keep him busy. Keep his hands occupied... If he is seen sticking his hands underneath his seat, say 'stop'... distract him by telling him to do something that requires him to use his hands..." These intervention strategies were not employed by staff on that afternoon.

2. On February 19, 2009, staff failed to intervene

PM-4:23 PM, 4:39 PM-5:11 PM and 5:29 PM-6:14 PM. At no time during those periods were staff

observed intervening with his finger/ hand sucking

when Client #2 repeatedly placed his fingers or

thumbs in his mouth during the periods 4.12

and/or attempting to engage him in active treatment. Client #2's BSP, dated May 6, 2008,

data forms.

4/6/09

2. All staff will receive training

on Client #2's BSP. Bekavioral

specialist will also review the

From: To: 2024429430 04/07/2009 01:12 #532 P. 007/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G037 NAME OF PROVIDER OR SUPPLIER 02/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID !D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) € TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 193 Continued From page 5 W 193 included the following: "... If <cli>ent's name> is observed starting to suck his fingers or thumb, staff should say 'stop <client's name>' and have him come over to them. Immediately verbally redirect him to do something else with his hands... work on one of the behaviors to increase..." These intervention strategies were not employed by staff that afternoon. 3. Client #2's BSP dated May 6, 2008 also . Behavioral specialist will also included the target behavior of stealing foods sidress Client #2's target behavior from his peers. During dinner the night before, at of stealing food and recommend in 5:25 PM, Client #2 reached across the table from terventions to be used when he where he sat, quickly grabbed a slice of bread from Client #1's plate and put the entire slice into takes food from his peers. 4/6/09 his mouth. There were several staff present; however, no staff attempted to intervene. In addition, staff failed to offer Client #1 another piece of bread, as was specified in the BSP. On February 19, 2009, beginning at 1:09 PM, review of staff in-service training records revealed no evidence that Staff A and Staff C had received training on the clients' BSPs. At 5:56 PM, interview with Staff A revealed that he had been working in this facility for approximately 2 months. The facility reportedly had not offered training to him regarding the BSPs. A few minutes later, Staff C said this was only her second day working in the facility. When asked about training re: the clients' BSPs, both staff confirmed that they had not received training on BSPs prior to working with the men. W 247 483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN

self-management.

The individual program plan must include

opportunities for client choice and

W 247

04/07/2009 01:12

#532 P. 008/037

	CHARLAL OF HEMELL	I AND HUMAN SERVICES			PRINIEL	J: U3/25/2009
CENT	ERS FOR MEDICARE	& MEDICAID SERVICES			FORM	APPROVED
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,	•	09G037	B. WING	}		
NAME OF	PROVIDER OR SUPPLIER	036037	<u> </u>		02/:	20/2009
	UNITY MULTI SERVICE	s, INC	5	STREET ADDRESS, CITY, STATE, ZIP COD 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008	E	
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W 247	Continued From page	ge 6	W 24	DEFICIENCY)		
DET CE	failed to ensure that opportunities for che to make choices for	onot met as evidenced by: on and interview, the facility each client was provided pice, encouraged and taught six of the six clients residing ats #1, #2, #3, #4, #5 and #6)				
	was provided an opp during snack time. and #6)  On February 19, 200 staff was observed to dried fruit with almon snack. On February 4:30 PM, clients were with almonds for thei direct care staff on Forevealed the clients a eat. During the envir February 20, 2009, the chips, fruit, etc.) in the snack time were the	to ensure that each client portunity to make a choice (Clients #1, #2, #3, #4, #5)  9 at approximately 4:28 PM, or give the clients a bowl of ds and water to drink for 20, 2009 at approximately experience. Interview with the ebruary 20, 2009 at 4:57 PM are offered other snacks to commental inspection on the experience were other snacks (i.e. experience with the experience were other snacks (i.e. experience with the opportunity of the variety of food choices.		i. Staff will be traine nutritionist on how to client the opportunity a snack of his choice. Am will monitor daily formentation.	give each to select OMRP and	4/30/09
	were afforded opports self-management duri  During dinner on Febr approximately 4:57 Pr observed to prepare to by placing a bowl of ri			2. Client #2 and #4 will the opportunity to parti family style dinning wi over hand assistance fro	cipate in	4/30/09

		AND HUMAN SERVICES  & MEDICAID SERVICES			•	FORI	D: 03/25/2009 M APPROVED
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	UNITY MULTI SERVICE	ES, INC		38	EET ADDRESS, CITY, STATE, ZIP COD 115 ALBERMARLE STREET NW (ASHINGTON, DC 20008	E .	
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W 247	Continued From pa	ge 7	W 2	47	-		
•	and milk on the tabl	e. The staff was further	, ,,,	-71	,		
	Observed to assist (	Client #1, #5, and #6 with					
,	scooping rice from (	the bowl to his plate. At 5:16					
<u> (</u>	PM, staff was obser	ved to serve Clients #2 and		ŀ			
<u>.C.</u>	#4 dinner onto their	plate. Although the dining				-	
D.	and #4 did not partid	mily style dining, Clients #2 cipate in the service of the					}
March Logic	food.	spate in the service of the					
1.57				- 1			
	Interview with the di	rect care staff on February		j	•		
N	i 20, 2009 at approxir	mately 5:00 PM, revealed that		ŀ			
ξ	With some physical a	assistance. (i.e. hand over					1
	nand), Clients #2 an	d #4 could participate in					
	during the dinner me	uring dinner time. At no time eal were the clients given to	•				•
. •	opportunity to serve	themselves				•	]
•	100000	-					1.
	3. The facility failed	to ensure Client #2 was		3	. Staff will be traine	d to seed	<u> </u>
	afforded opportunitie	es for choice and/or		C	lient #2 whenever he m	m to asst	SC
	self-management.			(11	uest for water, and al	mes a re	†
	On Fohmung 17, 200	00 -45 00 004 00	•	Or:	age him in activities	so to en-	
	finished eating dispo	9, at 5:29 PM, Client #2 and walked into the living		D'	-80 mm th activities	vitnin th	e
č i	room and took a sea	t. He placed his left fingers			ouse. The QMRP and HM waster for implementation	7111 mon-	!
	in his mouth (a malac	daptive behavior targeted in	-	-	tor for implementation	•	4/30/09
m d	nis BSP), and remair	ned without active					
	engagement for the r	next 15 minutes At 5:44 PM		İ	•	•	
:-	ne stood up and walk	(ed hurriedly into the kitchen			·		
	Starr B was wiping the	e sink at that time. Staff B					ļ ·
:	looked up from his ta	sk and informed the			•		
:	Word "Water " Approx	just heard the client say the kimately 30 seconds later,				ļ	
1	nowever, he turned to	the client and asked him					
	what he wanted. Clie	ent #2 walked closer to him	•			.	·
•	at the sink. The staff	did not, however, offer				· i	
Ì	opportunities for the o	lient to exercise			<u>~</u> .	ļ	
-	self-management (in	this instance, obtain a glass					
	of water and/or engage minute later, Client #2	ge in household chores). A 2 left the kitchen and					

From: To: 2024429430 04/07/2009 01:13 #532 P. 010/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G037 NAME OF PROVIDER OR SUPPLIER 02/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY W 247 Continued From page 8 W 247 returned to the living room, sat down and started rocking his body slightly. Staff B continued doing dishes at the kitchen sink. Client #2 was observed sucking on his fingers or thumb on and off until 6:11 PM 483.440(d)(1) PROGRAM IMPLEMENTATION W 249 Cross reference W193 (#1,#2,#33) 4/6/09 W 249 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active MALE treatment program consisting of needed interventions and services in sufficient number C : " 1 and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, facility staff failed to ensure continuous implementation of clients' behavior support plans, for two of the three clients in the sample. (Clients #1 and #2) The findings include: On February 19, 2009, clients were observed in the facility from 6:25 AM - 9:03 AM and again from 4:07 PM - 6:38 PM. During the Entrance Conference, at approximately 9:15 AM, the 000 Qualified Mental Retardation Professional (QMRP) stated that all 6 clients had formal,

written behavior support plans (BSPs).

Observations later that day revealed that staff failed to implement the clients' BSPs, as follows:

1. On February 19, 2009, at 4:44 PM, Resident #1 sat in his 'favorite' chair in the living room after

CENT	ERS FOR MEDICARE	AND HUMAN SERVICES  MEDICAID SERVICES				FOR	D: 03/25/2009 M APPROVED O. 0938-0391
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W 249		ge 9 snack. For the next 16	W	249	9		
*.	minutes, he was ob- hands tucked under	served sitting quietly with his 2 his buttock. He was not					
r.	stood up from the ch	ngful activity. At 5:00 PM, he hair, did a quick twirl and then his hands under his buttock. Who was interacting with		•			
	another resident nea place his hands on h	arby, asked Resident #1 to nis lap. The resident resumed interacting with the	٠			* -	
v. Gč	other resident but the placed his hands bar	en Resident #1 promptly ck underneath his buttock. t a meaningful activity. At	٠				
oder MXL FYI	5:08 PM, he stood up back down. Staff A :	p , twirled once and then sat saw the resident twirl and ed help with his belt. The					
	resident stood up an belt was OK. The re remained sitting quie were called to dinner	d the staff observed that his sident sat down again and thy until he and his peers at 5:11 PM. Later Client #1					
	minute period (5:45 F engaged in activities.						
	were not asked to pa activities. For examp the kitchen from appr PM, rinsing dishes at	at Client #1 (nor his peers) rticipate in pre or post-dinner ile, Staff B was observed in oximately 5:34 PM - 6:14 the sink, loading the g down the counters.					
(17) (1) (1) (1)	Deginning at 2:19 PM. November 17, 2008, i as a targeted behavio should "keep him bus occupied. Watch him if he is bored or is bed	ncluded "sitting on hands" r. The BSP stated that staff				•	
					<u> </u>		1

		AND HUMAN SERVICES  & MEDICAID SERVICES				FORM	D: 03/25/2009 M APPROVED D: 0938-0391
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE : COMPL	SURVEY
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NAME OF	PROVIDER OR SUPPLIER		1	ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	20/2009
СОММ	INITY MULTI SERVICE	S, INC		ľ	3815 ALBERMARLE STREET NW WASHINGTON, DC 20008		<b>.</b> :
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 249	Continued From page	ge 10	W 2	249	9		†
	he is seen sticking he say 'stop' distract	ay a lot of attention to him If his hands underneath his seat, him by telling him to do				. ·	
	something that requ	ires him to use his hands"					
	with Client #2's targe	2009, staff failed to intervene eted behavior of finger/ hand ce with his BSP, as follows:					
	mouth while seated up and walked arous	had his left thumb in his in the living room. He stood nd the main floor of the facility es with his thumb in his rvened.					
W.	his thumb while Staf had not prompted his Once the shoe laces back into his mouth, 3 minutes without sta	brief moment, he removed f A tied his shoe laces. Staff m to remove the thumb. were tied, he put his thumb and kept it there for the next aff intervention. At 4:20 PM, ands, placing his right thumb other 3 minutes.	•				
	Staff A asked Client: hands. They left the and the staff returned approximately one mobserved walking to:	snacks were announced and #2 to go with him to wash his living room together. He if from the restroom inute later. The client was the dining room with his in his mouth. No staff		İ			
en.	living room. He prom mouth and kept it the on the nail. At 4:44 F him, looked directly a	k, Client #2 took a seat in the optly put his left thumb in his re for several minutes, biting PM, Staff A walked towards thim but then continued out intervening. At 5:04 PM,					

From: To: 2024429430 04/07/2009 01:13 #532 P. 013/037 PRINTED: 03/25/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G037 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW COMMUNITY MULTI SERVICES, INC WASHINGTON, DC 20008 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 249 Continued From page 11 W 249 the client changed hands, placing his right thumb and fingers in his mouth. He was not engaged in a meaningful activity between 4:39 PM - 5:11 PM, when he and his peers were called to dinner. DEL 5:29 PM - After dinner, Client #2 took a seat in the living room, placed his left fingers in his mouth, and remained without active engagement for the next 15 minutes. 5:50 PM - Client #2 stood gazing out the front window with his left thumb in his mouth for several minutes. He then stuck his right index finger into his right eye, then placed his right thumb in his mouth. He remained in the living room without a substantive activity for another 15 minutes. 6:14 PM - Client #2 and his peers were called to

the behaviors to increase..."

treatment.

the basement for exercise and socialization. At no time during the previous 45 minutes, were staff observed intervening with his finger/ hand sucking and/or attempting to engage him in active

Client #2's BSP was reviewed the next day, beginning at 2:40 PM. The BSP, dated May 6, 2008, included the following: "...prevent and reduce self-stimulating and self-injurious

Client #2's BSP dated May 6, 2008 also included the target behavior of stealing foods

behaviors, the focus is often on the hand, fingers or thumb... If <client's name> is observed starting to suck his fingers or thumb, staff should say 'stop <client's name>' and have him come over to them. Immediately verbally redirect him to do something else with his hands... work on one of

From: To: 2024429430 04/07/2009 01:13 #532 P. 014/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OM<u>B NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 09G037 NAME OF PROVIDER OR SUPPLIER 02/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) W 249 Continued From page 12 W 249 from his peers. During dinner on the night before, at 5:25 PM, Client #2 reached across the table and quickly grabbed a slice of bread from Client #1's plate. He crammed the entire slice into his 1 mouth and chewed quickly. There were several staff present at the time; however, the only ·97-1-1 person who attempted to intervene was Client #4 4次66 (reached for Client #2's hand, but missed it). Staff B, who had turned his attention in another direction, asked what had just occurred. Staff C informed him that Client #2 had taken #1's bread. Review of the BSP revealed the following: "If he actually takes food from someone, he should not be allowed to eat it. If the food gets handled by <cli>client's name>, it should be discarded and the victim should get more." Staff did not offer Client #1 another piece of bread, or an appropriate substitute. It should be noted that interviews with Staff A and Staff C, followed by review of staff in-service training records, revealed that they had not received training on the clients' BSPs prior to working with the men. [See W193] ...W 252 483.440(e)(1) PROGRAM DOCUMENTATION W 252 Cross reference W193 (#2) 4/6/09

DRM CMS-2567(02-99) Previous Versions Obsolete

(Client #2)

... A

terms.

Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable

This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to document behavior data in accordance with the behavior support plans (BSPs), for one of the three clients in the sample.

Event ID: ZUHO11

Facility ID: 09G037

If continuation sheet Page 13 of 23

Fro	m:	To: 2024429430				04/07/	2009 01:14	#53	2 P. 015/037
DEPA CENT	RTMENT OF HEALTH ERS FOR MEDICARE	AND HUMAN SERVICES  MEDICAID SERVICES						FOF	ED: U3/25/2008 RM APPROVED
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- 1 h		09G037	. B. WI	NG					
NAME OF	PROVIDER OR SUPPLIER		<del>,-</del> -	STRE	ET ADDRES	S CITY ST	ATE, ZIP CODE	02	/20/2009
COMMI	JNITY MULTI SERVICE	s, Inc	*	. 38	15 ALBERN ASHINGT(	IARLE STI	REET NW		
(X4) ID PREFIX TAG	REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PR (EAC)	OVIDER'S P I CORRECT REFERENCE	LAN OF CORRECTIVE ACTION SHO EED TO THE APPLIFICIENCY)	JUL DE	(X5) COMPLETION DATE
W 252	Continued From pag	ge 13	W 2	252	·		<del></del>		
:	The findings include					٠.		•	
NAME:	the targeted behavior identified in his BSP placed either a thum one or more fingers in PM-4:17 PM, 4:18-4: 4:39-5:11 PM and the from 5:29 PM-6:14 Properiods were staff ob proactive or reactive BSP.  Client #2's BSP was beginning at 2:40 PM following: "Staff shoof finger or thumb successions."	249.2. On February 19, observed engaged in one of irs (finger/ hand sucking) (dated May 6, 2008). He b (left or right, alternating) or in his mouth from 4:12 23 PM, at 4:24 PM, from rough most of the period M. At no time during those is served implementing the components of the client's reviewed the next day, The BSP included the ould document any episodes cking or finger or hand biting							
	review of the behavior revealed that staff had obtained they had obtained however, did not accurately accurately the staff had been staff and the staff had been staff and the staff had been staff and the staff had been staff and the staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had been staff had bee	data forms" Subsequent r data sheets, however, d entered a "3" for number served the behavior. This, wrately represent the avior observed during that	,		•			. • .	
	May 6, 2008 also including a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the p	n them indicated that they cident had occurred.							
						•			· . ]

From	:
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

To: 2024429430

04/07/2009 01:14

#532 P. 016/037

PRINTED: US/25/2009

CENT	ERS FOR MEDICARE	& MEDICAID SERVICES						M APPROVED
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	IULTIPL	E CONSTRUCTION	N	(X3) DATE	O. 0938-0391 SURVEY LETED
		09G037	B. WI	(G				
	PROVIDER OR SUPPLIER  JNITY MULTI SERVICE	S, INC		STREE	ET ADDRESS, CITY 5 ALBERMARLE	/, STATE, ZIP CODE STREET NW		20/2009
	· · · · · · · · · · · · · · · · · · ·			WA	SHINGTON, DO	20008		
(X4) ID PREFIX TAG	I (EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORF	R'S PLAN OF CORRE RECTIVE ACTION SH RENCED TO THE API DEFICIENCY)	IOU D BE	(X5) COMPLETION DATE
W 252	Continued From pa	ge 14	W 2	E			<u>-</u>	
	book." Subsequent sheets, however, re	review of the behavior data vealed that staff had entered not observed the behavior.	VV 2	.52				
	Staff C, followed by	nat interviews with Staff A and review of staff in-service						
 _W 338	received training on working with the me	realed that they had not the clients' BSPs prior to n. [See W193]					•	
NAI		į	W 3	38	*		-	
(Xe)	review of their health any necessary actio	ist include, for those clients ing a medical care plan, a n status which must result in (including referral to a client health problems).						·
	This STANDARD is	not met as evidenced by:	-					
-	Based on interview a failed to ensure time (specifically, laborate	and record review, the facility			·	·		
	The findings include:							
	Nursing staff faile received timely labor the physician's order	d to ensure that Client #1 atory studies and/or clarified s, as follows:						,
30 (x)	a. On February 20, 2 Client #1's February (POs) revealed a dia hypercholesterolemia	2009, at 11:37 AM, review of 2009 physician's orders gnosis on and a low fat low		-			*	
	cholesterol diet order physician (PCP) pres evening for the contro The physician also or	The primary care cribed Zocor 40 mg every of of his serum cholesterol. dered serum lipids and liver						
	runction tests (LFT) e	very 6 months. At 11:41					. •	1

DEPAI	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTED FORM	): 03/25/200 1 APPROVE
STATEME	NT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	Į.	TIPLE CONSTRUCTION	OMB NO (X3) DATE S COMPL	). 0938-039 SURVEY
		09G037	A. BUILD	NG	-	
NAME OF	PROVIDER OR SUPPLIER					20/2009
	JNITY MULTI SERVICE	S, INC		REET ADDRESS, CITY, STATE, ZIP 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008	CODE /	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	AM, review of lab rechart revealed lipid on January 18, 2006 was no written evided b. At approximately #1's Health Manage revealed that the RN December 11, 2008 findings of the July 8 of the HMCP, howeved had not documented for obtaining and upon the nurse had written regarding obtaining at c. At 12:50 PM, when had received serum February 2009 (specific Manager (HM) and stated that the posts annually. He per Medical Evaluation, of the PCP recommend TSH with Free T4 and evaluation did not, he include "hypercholesithe diagnoses listed."	ports in Client #1's medical levels and LFTs were tested and July 8, 2008. There ence of more recent tests.  12:10 PM, review of Client ment Care Plan (HMCP) I had reviewed it on. The HMCP reflected the 8, 2008 labs. Further review ver, revealed that the nurse I an anticipated follow-up date dated lipid panel. In addition, a "N/A" in the column an updated liver function test. In asked whether Client #1 lab tests in January of ifficially lipids and LFTs), the I) reviewed the medical chart hysician had ordered those pinted to Client #1's Annual lated July 11, 2008, in which ed "CBC, CMP, lipid panel, nually." The annual evever, address LFTs. It did terolemia, obesity "among	W 338	1. (a+b) The primary review Client #1 HMC PCP's order for labinocrporated into the incorporated into the incorporated into the incorporated into the Lift's were done on 2 future, the HM supermary supermary nurse and /o The RM supervisor withe clients medical quarterly basis to engation and follow-up in a timely manner.	P to ensure tests are entered panel and panel and panel and the correct and the correct and naure invest	he e
	oldest POs in his cha Beginning with the Ju month since then, his order for the lipids an	os were then reviewed. The rt were dated July 2008. Ity 2008 POs and each POs reflected an ongoing d LFT testing every 6 been signed by the RN and				
	<ul> <li>There was no evid sought clarification from</li> </ul>	ence that the nursing staff m the PCP regarding				

From: To: 2024429430 04/07/2009 01:14 #532 P. 018/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G037 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 338 Continued From page 16 W 338 The RN supervisor will review the discrepancies between the ordered frequencies medical assessments and the phyof labs on the POs (every 6 months) versus the sicians order sheet for any disrecommendation on the annual medical crepancies and will get clairiff evaluation (annual labs). 04 cation from the PCP. 4/2/09 No additional information was presented before the survey ended later that evening. 2. Nursing staff failed to schedule follow-up Client #2's requested lab work laboratory tests in accordance with Client #2's N. PCP instructions. On February 20, 2009, at 3:30 was completed. Nursing staff will PM, review of the client's August 22, 2008 test review medical records monthly to reports revealed that the PCP had circled 2 test review PCP orders for lab follow results that were flagged by the laboratory as up. 2/25/09 abnormal. The liver enzyme Alanine transaminase (ALT) tested "High" 54 IU/L

PCP instructions. On February 20, 2009, at 3:30 PM, review of the client's August 22, 2008 test reports revealed that the PCP had circled 2 test results that were flagged by the laboratory as abnormal. The liver enzyme Alanine transaminase (ALT) tested "High" 54 IU/L (reference value 13-51 IU/L) and his hemoglobin (HGB) was "low" 12.7 GM/DL (reference 13.0-16.2 G/DL). A third, unidentifiable factor (a hole was punched through the name/identifier) had also tested "Low" 38.7% (reference value 39.3-47.3%). The PCP had circled the 3 items and wrote "Repeat" and/or "Repeat fasting" next to them. In addition, the test report indicated that urinalysis had not been performed "test cancelled-patient unable to void." Further review of Client #2's medical chart revealed no written evidence that the labs had been repeated, as ordered by the PCP.

At approximately 4:10 PM, the RN was asked on the telephone whether Client #2 had returned for repeat lab testing since the August 22, 2008 tests. She stated that she did not recall his receiving additional labs; however, she would ask the Director of Nursing. No additional information was presented before the survey ended later that evening.

483.460(c)(5)(i) NURSING SERVICES

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W 340

W 340

and the second second		AND HUMAN SERVICES  & MEDICAID SERVICES			FORM	): 03/25/2009   APPROVED  - 0938-0391	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S	URVEY	
		09G037	B. WING	·	02/20/2009		
•	PROVIDER OR SUPPLIER NITY MULTI SERVICE	s, INC					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 340	Continued From pa	ge 17	W 34	10			
OF COLUMN	other members of the appropriate protect measures that inclu	ust include implementing with ne interdisciplinary team, ive and preventive health de, but are not limited to staff as needed in appropriate methods.					
id te	Based on observation review, the facility's training on hand was infection control, for three of the six client	not met as evidenced by: on, interview and record nursing staff failed to provide shing procedures and two newly-hired staff and ts residing in the facility. and Clients #2, #5 and #6)		The nursing staff will service training for the infection Control. The HM will ensure that all receive required traininitial orientation points all training as	the staff of QMRP and the QMRP and the quings, durings, durings, durings and the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quings are the quincs are the quings are the quings are the quincs are the quings are the quings are the	n S	
W 381	clients and staff wer between 4:07 PM - 6 did not encourage C hands at appropriate put their fingers into addition, staff failed to ensure that Client eating. On Februar PM, review of staff in followed by staff inte that facility nurses has		W 38	11			
	The facility must stor	e drugs under proper					

CENT	ERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORI	M APPROVED	)
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION -	(X3) DATE	D. 0938-0391 SURVEY LETED	
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сомм	UNITY MULTI SERVICE	<u> </u>		3	815 ALBERMARLE STREET NW VASHINGTON, DC 20008	٠		
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTINUENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ID PREF TAG	ΙX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	NII D RE	(X5) COMPLETION DATE	
W 38	Continued From pag	je 18	w:	381			•	l
orania Marie	failed to store drugs	not met as evidenced by: on and interview, the facility under proper conditions of x clients residing in the						
<b>100</b> 0	The finding includes		•		All topical medication w	rill be		
йаме С  W 426	inspection at 3:25 PM (Ketoconazole 2%) a 0.1% ointment) for Container on top of h Nurse revealed that a policy for allowing the bedroom. There was were stored under pr 483.470(d)(3) CLIEN		W 4	26 <b>T</b>	secured within a designate the House Manager and Every rvisor will ensure that	ited loca	4/6/09	
	clients who have not water temperature ar	reas of the facility where been trained to regulate e exposed to hot water, erature of the water does not Fahrenheit.		e c	rature of the water does eed 110 degrees Fakrenhe temperature will be check y QMRP, HM, or Evening as apagers?	not ex- it. Wate ked dail	r v	
Garage Garage	facility failed to ensure	not met as evidenced by: and staff interview, the that the temperature of the 110 degrees Fahrenheit.						
	The finding includes: On February 19, 2009	, at approximately 2:57 PM,	•					
	on the main hallway u At 3:10 PM, the water	p in the sink in the bathroom pstairs felt hot to the touch temperature in that sink is Fahrenheit. Water in the						

From: To: 2024429430 04/07/2009 01:15 #532 P. 021/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1). PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 09G037 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC. 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID iD PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) W 426 Continued From page 19 W 426 nearby bathtub registered 130 degrees Fahrenheit. Water in the kitchen sink also registered 130 degrees Fahrenheit. Interview with facility's House Manager (HM) at approximately 3:15 PM revealed that he would adjust the thermostat on the hot water heater himself. The HM presented a hot water temperature log in which "night supervisors" reportedly documented hot water temperature tests. Review of the log revealed the same reading, 110 degrees Fahrenheit, had been CC recorded on February 2, 3, 4, 5, 8, 11, 12, 14 and 18, 2009. No other readings were recorded for that month. The HM further indicated that the night supervisors utilized thermometers that they carried with them. At 3:20 PM, the HM retrieved a thermometer from his desk and took readings of 120 degrees Fahrenheit in the bathroom hand sink and 130 degrees Fahrenheit in the kitchen sink, thereby reaffirming the readings taken earlier by the surveyor. At 3:23 PM, the HM stated that he had just adjusted the hot water heater and he expected that it would be at 110 degrees or below before the clients' return home later that afternoon. On February 20, 2009, at approximately 3:30 PM, the temperature of the hot water in the kitchen sink registered at 113 degrees Fahrenheit and the water in the bathtub in the main hallway upstairs ():i:::

W 455

was 112 degrees Fahrenheit. The HM made yet another adjustment to the thermostat and the

approximately 5:51 PM, was 110 degrees and the

reading at the kitchen sink, taken at

483.470(I)(1) INFECTION CONTROL

There must be an active program for the

bathtub 109 degrees Fahrenheit.

W 455

Cross reference W340

4/6/09

From:		To: 2024429430			04/07/2009 01:	15 #53;	P. 022/03;	
<u>CEN I</u>	ERS FOR MEDICARE	AND HUMAN SERVICES  MEDICAID SERVICES				PRINTE	=U: 03/25/200 RM APPROVE	
SIATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PNSTRUCTION	OMB NO. 0938-0: (X3) DATE SURVEY COMPLETED		
	· · · · · · · · · · · · · · · · · · ·	09G037	B. WING	i				
NAME O	PROVIDER OR SUPPLIER			TRECTAR	ADDESO OFFICE	02	/20/2009	
a Rein	UNITY MULTI SERVICE	<u></u>		3815 AL	DDRESS, CITY, STATE, ZIP CO BERMARLE STREET NW NGTON, DC 20008	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTINUENT (INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION ROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 45	· · · · · · · · · · · · · · · · · ·	and investigation of infaction	W 45	5	OCTIONOT)			
•	review, the facility far staff and clients rega procedures (hand wa prevent communicab two newly-hired staff	not met as evidenced by: in, interview and record iled to provide training for irding infection control ashing specifically), to ile infectious diseases, for and three of the six clients (Staff A and Staff C; and					•	
O Pl COL	The findings include:							
V <sup>2</sup>	PM. Staff did not end	9, clients and staff were y between 4:07 PM - 6:44 ourage clients to wash their times to ensure sanitation,				+ . +		
v.	room, along with 2 of	#5 was seated in the living his peers and Staff C. He see, then into his right ear,	-	I. Cro	oss reference W34(	j	4/6/09	
	procedure several time of his head with both trubbing on his neck ar	e again and repeated this es. He then rubbed the top hands, followed then by not the inside collar of his			. · . :			
	This surveyor asked if hands." Staff C, who veen Client #5's finder	rivene. Client #5 pointed at ade signs with his hands. he had been signing "wash was sitting nearby and had in his nose and ear, turned		. •				
1	The client did not response	e question, "wash hands?"   ond. The staff then stated   d been requesting craves		-				

Event ID: ZUHO11

Facility ID: 09G037

If continuation sheet Page 21 of 23

DRM CMS-2567(02-99) Previous Versions Obsolete

From: To: 2024429430 04/07/2009 01:15 #532 P. 023/037 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G037 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW COMMUNITY MULTI SERVICES, INC WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) W 455 Continued From page 21 W 455 instructing him to wash his hands. Cross-refer to W249.2. Client #2 was Cross reference W249.7 4/6/09 observed with either a thumb (left or right, alternating) or one or more fingers in his mouth for the following periods: from 4:12 PM-4:17 PM, 4:18-4:23 PM, at 4:24 PM, from 4:39-5:11 PM and through most of the period from 5:29 PM-6:14 PM. Staff did not instruct him to stop and have him wash his hands, in accordance with his behavior support plan. The only times that staff instructed him to wash his hands was at 4:23 PM, when they called him and his peers to the dining room for afternoon snack and at 5:11 PM. when dinner was served. At other times, however, he walked freely though the living room and elsewhere, touching furniture and other objects with his hands. 3. At 4:29 PM, Staff C told Client #6 "Let's go 3. Cross reference W340 4/6/99 wash our hands." At the time, he was seated in a chair near the archway between the living room and the dining room. The client protested loudly and refused to leave the chair. The staff responded "OK, ready when you are." Approximately 1 minute later, he got up and made

he handed him his snack.

continuous protestations as he went into the kitchen with Staff C. However, he returned to the chair in the living room a few minutes later and sat again. The staff said he had refused to wash his hands. A moment later, Staff A carried a bowl that contained dried fruit and nut mix from the dining room over to the client and gave him the bowl. Client #6 stood up and carried the bowl to the dining room table and proceeded to eat without having washed his hands. Staff A had not

offered any instructions to Client #6 or

encouragement for him to wash his hands before

From: To: 2024429430 04/0		04/07/2009 01:15	#532	P. 024/037			
		I AND HUMAN SERVICES				FOR	บ: บ3/25/2009 M APPROVED <u>D. 093</u> 8-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CON	STRUCTION	(X3) DATE	
•		09G037	B. WING	3		024	/20 /2000
NAME OF F	PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STATE, ZIP CODE	021	20/2009
COMMU	NITY MULTI SERVICE	s, inc		3815 ALB	ERMARLE STREET NW GTON, DC 20008	·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(E CR	PROVIDER'S PLAN OF CORRECACH CORRECTIVE ACTION SHO DSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
W 455	Continued From page	ge 22	W 48	55			
DE. CEL	review of staff in-se no evidence that Statraining on infection interview with Staff.	2009, beginning at 1:09 PM, rvice training records revealed aff A and Staff C had received control. At 5:56 PM, A revealed that he had been by for approximately 2 months.		4. Cr	oss reference W340		4/6/09
	The facility reported him on infection con Staff C said this was in the facility. Both s	ly had not offered training for strol. A few minutes later, s only her second day working staff confirmed that neither ad training re: infection control					
ww.							
OT. SEES							
	* ************************************						
	,						

Event ID: ZUHO11

Facility ID: 09G037

If continuation sheet Page 23 of 23

From:

PRM CMS-2567(02-99) Previous Versions Obsolete

04/07/2009 01:16

#532 P. 025/037

PRINTED: 03/25/2009 FORM APPROVED

Health	Regulation Administra	ation			•	FORM	APPROVED
STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE S	
		HFD03-0095		B. WING		02/2	0/2009
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE	02/2	0/2009
				ERMARLE TON, DC	STREET NW 20008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
1 000	INITIAL COMMENT	S		1 000			
Hea	19, 2009 through Fe was initiated using t process. A random	was conducted from ebruary 20, 2009. The he fundamental surv sample of three clie	ne survey ey nts was	* .			
STATE STATE	selected from a resi with various disabilit survey were based	dent population of si- ies. The findings of on observations, inte	x males the rviews	•			
	with staff in the hom	e and at three day p of client and adminis	rograms				
1 022	3501.5 ENVIRONMI SPACE	ENTAL REQ / USE (	OF .	1022			
	Each window shall be shades or blinds, whe good repair.	e supplied with curta ich are kept clean, a	ains, and in		All blinds will be re the kitchen window.	eplaced at	2/24/09
	This Statute is not in Based on observation failed to ensure the whad blinds and/or cur	n and interview, the vindow located in the	GHMRP				
ANT:	The finding includes:			ı			
	On February 20, 200 an environmental wathe GHRMP revealed kitchen was observed and/or curtains. The	lk-through of the inte I the window located I without blinds, shad	erior of in the				
	clearly visible when s Interview with the Qu Professional (QMRP) acknowledged that th	tanding in the kitche lalified Mental Retare at approximately 3:3 e kitchen window wa	n. dation 33 PM				
	without a cover, to en	·	rivacy.				
	3504.2 HOUSEKEEP		1	091			
	Housekeeping and material Housekeeping and material Housekeeping and material Housekeeping and material Housekeeping and material Housekeeping and material Housekeeping and material Housekeeping and material Housekeeping	amtenance equipme	nt shall				
TE FORM	DIRECTOR'S OR PROVIDER	USUPPLIER REPRESENTA	TIVE'S SIGNA	- 1/	Na van Due	etor 4	6/09

04/07/2009 01:18

#532 P. 026/037

FORM APPROVED

	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDI B. WING		(X3) DATE S COMPLE	
4840V8.K		HFD03-0095	<del></del>			02/2	0/2009
10.7	PROVIDER OR SUPPLIER NITY MULTI SERVICE	S, INC	3815 ALE		STATE, ZIP CODE STREET NW 20008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1091	Continued From page	ge 1		1091			
	be well constructed, appropriate to the fu used.	properly maintained unction for which it is	l and to be				
ANI PESO ANI PESO ANI	Based on observation	met as evidenced by ons and interview, th aintain the interior ar RP in a safe, clean, ary manner.	e id:				
TO CO	The findings include	G					
	Observation and into Mental Retardation I the environmental w 2009 beginning at a revealed the followin	Professional (QMRP ralk through on Febr pproximately 3:10 PI	) during uary 20.				
	<ol> <li>The sink in the basecond level was obdrainage. The water approximately one adraining completely.</li> </ol>	served with very slo r remained in the sin and half minutes before	w k		l. The sink in the bat the second level was a increase drainage flow	repaired to	4/1/09
We see	<ol> <li>There was a box #3's bedroom that w space. Interview wit (HM) revealed that the add a mattress to the stated that the box s</li> </ol>	as occupying addition  the QMRP/House  There were no current  box spring. The Q	nal Manager I plans to MRP		2. The box spring and in #34s bedroom will !		4/3/09
	There were two sapproximately a half located in bathroom	to a quarter inch of			3. The two screws will to fit properly in the right of the mirror.		
1206	3509.6 PERSONNEI	L POLICIES	}	1 206			
٠. ا	Each employee, prio annually thereafter, s tion Administration						

04/07/2009 01:16

#532 P. 027/037

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0095 NAME OF PROVIDER OR SUPPLIER 02/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW COMMUNITY MULTI SERVICES, INC WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1206 Continued From page 2 1206 certification that a health inventory has been The facility will ensure that performed and that the employee 's health status employees' health certificates would allow him or her to perform the required will be kept current by checking duties. personnel records monthly. All health certificates will be placed in each employees personnel record. 5/15/09 This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties for eight (8) of thirty-one (31) personnel records reviewed. The finding includes: Interview with the House Manager and review of the personnel records on February 20, 2009, beginning at 2:42 PM, revealed the GHMRP failed to provide evidence that current health certificates were on file for 9 of 13 direct care staff (Staffs #A, #C, #E, #F, #G, #H, #K, #L, and #M). 3510.5(d) STAFF TRAINING Cross reference W1206. Also the 1227 C facility will ensure that all Each training program shall include, but not be employees have current First Aid limited to, the following: and CPR training certificate (d) Emergency procedures including first aid. om file by reviewing monthly. 5/15/09 cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans: lealth Regulation Administration TATE FORM

To: 2024429430

04/07/2009 01:16

#532 P. 028/037

FORM APPROVED

This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to effectively train staff to implement emergency measures for six of the six residents of the facility. (Residents #1, #2, #3, #4, #5 and #6)  The findings include:  On February 20, 2009 beginning at 2:42 PM, interview with the Qualified Mental Retardation Professional (QMRP) and review of staff and consultant records revealed the following:  1. There was no documented evidence of current CPR certification and/or First Ald training for 5 of the 13 Direct Care Alde (DCA) staff who had been employed for longer than 90 days. (Staff #B, #C, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Ald training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Staff #B, #c, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Ald training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Staff #B, #c, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Ald training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  1229  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior menagement, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation	STATEME AND PLAN	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA IMBER:	A. BUILD		(X3) DATE	SURVEY PLETED
COMMUNITY MULTI SERVICES, INC  SIRE ABBRMARILE STREET NW WASHINGTON, DC 20008    Community Multi Services, INC		· · · · · · · · · · · · · · · · · · ·	HFD03-0095	<u> </u>			02/	/20/200a
SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY PULL PRICE)	l* :							TOIZOUS
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL PROPERTY IN SECULATORY OR ISC IDENTIFYING INFORMATION)  1.227 Continued From page 3  This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to effectively train staff to implement entergency measures for six of the six residents of the facility. (Residents #1, #2, #3, #4, #5 and #6)  The findings include:  On February 20, 2009 beginning at 2-42 PM, interview with the Qualified Mental Retardation Professional (OMRP) and review of staff and consultant records revealed the following:  1. There was no documented evidence of current CPR certification and/or First Aid training for 5 of the 13 Direct Care Aide (DCA) staff who had been employed for longer than 90 days. (Staff #B, #C, #E, #I, and #K)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  3.1229  Each training program shall include, but not limited to, behavior management, sexuality, nutrition, recreation, total communications,				WASHING	BERMARLE GTON, DC	STREET NW 20008		
This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to effectively train staff to implement emergency measures for six of the six residents of the facility. (Residents #1, #2, #3, #4, #5 and #6)  The findings include:  On February 20, 2009 beginning at 2:42 PM, interview with the Qualified Mental Retardation Professional (QMRP) and review of staff and consultant records revealed the following:  1. There was no documented evidence of current CPR certification and/or First Aid training for 5 of the 13 Direct Care Aide (DCA) staff who had been employed for longer than 90 days. (Staff #B, #C, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  1229  Each training program shall include, but not be limited to, behavior menagement, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff falled to demonstrate competency in the implementation	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED RY	EIN I	PREFIX	CROSS-REFERENCED TO THE	SHOULD BE	COMPLETE
Based on staff interview and record review, the facility failed to effectively train staff to implement emergency measures for six of the six residents of the facility. (Residents #1, #2, #3, #4, #5 and #6)  The findings include:  On February 20, 2009 beginning at 2:42 PM, interview with the Qualified Mental Retardation Professional (QMRP) and review of staff and consultant records revealed the following:  1. There was no documented evidence of current CPR certification and/or First Aid training for 5 of the 13 Direct Care Aide (DCA) staff who had been employed for longer than 90 days. (Staff #B, #C, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  1229  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff falled to demonstrate competency in the implementation	1.227	Continued From pa	ige 3		1227		·	<del></del>
The findings include:  On February 20, 2009 beginning at 2:42 PM, interview with the Qualified Mental Retardation Professional (QMRP) and review of staff and consultant records revealed the following:  1. There was no documented evidence of current CPR certification and/or First Aid training for 5 of the 13 Direct Care Aide (DCA) staff who had been employed for longer than 90 days. (Staff #B, #C, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff falled to demonstrate competency in the implementation  Consultant #A will provide proof of CPR and First Aid certification. The RN supervisor will monitor the nursing staff personnel record quarterly to ensure 1:cense, CPP and First Aid, health certificate are current.  4/30/0  Cross reference Wi93 (#1,#2,#3) 4/6/09  Also staff received additional required training on BSP and sexuality.  Staff will receive mutritional training.  Staff will receive mutritional 4/6/09		Based on staff interfacility failed to effer emergency measure of the facility. (Res	view and record revi ctively train staff to in es for six of the six re	ew, the nplement				
The findings include:  On February 20, 2009 beginning at 2:42 PM, interview with the Qualified Mental Retardation Professional (QMRP) and review of staff and consultant records revealed the following:  1. There was no documented evidence of current CPR certification and/or First Aid training for 5 of the 13 Direct Care Aide (DCA) staff who had been employed for longer than 90 days. (Staff #8, #C, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  1229  Staff who had been employed for longer than 90 days. (Consultant #A)  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation  Consultant #A will provide proof of CPR and First Aid certification. The RN supervisor will monitor the mursing staff personnel record quarterly to ensure 11cense, CPR and First Aid, health certificate are current.  4/30/0  Cross reference W193 (#1,#2,#3)  Also staff received additional required training on BSP and sexuality.  Staff will receive nutritional training.  4/6/09	ANY	,						
consultant records revealed the following:  1. There was no documented evidence of current CPR certification and/or First Aid training for 5 of the 13 Direct Care Aide (DCA) staff who had been employed for longer than 90 days. (Staff #B, #C, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation  (Ith Regulation Administration)	1	On February 20, 20 interview with the Q	09 beginning at 2:42 ualified Mental Retar	dation		of CPR and First Aid The RN supervisor wil	certificat 1 monitor	ion.
CPR certification and/or First Aid training for 5 of the 13 Direct Care Aide (DCA) staff who had been employed for longer than 90 days. (Staff #B, #C, #E, #H, and #K)  2. There was no documented evidence of current CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  3510.5(f) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation  ith Regulation Administration	e in the	consultant records i	revealed the following	);		quarterly to ensure 1	icense. CP	IR e
CPR certification and/or First Aid training for 1 of the 5 nursing staff who had been employed for longer than 90 days. (Consultant #A)  3510.5(f) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation  (Cross reference W193 (#1,#2,#3) 4/6/09  Also staff received additional required training on BSP and sexuality.  (Staff will receive mutritional training.  4/6/09		the 13 Direct Care A been employed for I	d/or First Aid training Aide (DCA) staff who onger than 90 days	for 5 of		are current.		4/30/09
Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation  (Cross reference W193 (#1,#2,#3) 4/6/09  Also staff received additional required training on BSP and sexuality.  (Staff will receive nutritional training.  4/6/09	. •	the 5 nursing staff w	d/or First Aid training ho had been employ	for 1 of i				
(f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation  Also staff received additional required training on BSP and sexuality.  3/27/09  Staff will receive nutritional training.  4/6/09	1 229	3510.5(f) STAFF TR	AINING		1 229			<u> </u>
residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation  Tequired training on BSP and sexuality.  Staff will receive nutritional training.  4/6/09		Each training progra limited to, the followi	m shall include, but n ng:	ot be		Cross reference W193 (	<b>1,#</b> 2, <b>#</b> 3)	4/6/09
This Statute is not met as evidenced by: Based on observations, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation  Staff will receive nutritional training.  4/6/09		residents to be serve to, behavior manage recreation, total comi	d including, but not li ment, sexuality, nutri	mited		required training on B		3/27/09
TE FORM	f r	This Statute is not maked on observation the coord verification, the demonstrate competers	ns, staff interviews ar e facility staff failed to	s [			ritional	4/6/09
	itin Regulati NTE FORM	ion Administration			<del></del>			

#532 P. 029/037

FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD03-0095 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW COMMUNITY MULTI SERVICES, INC WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1229 Continued From page 4 1229 of behavior support plans (BSPs), for two of the three residents in the sample. (Residents #1 and The findings include: Cross-refer to 1422. On February 19, 2009, residents were observed in the facility from 6:25 AM - 9:03 AM and again from 4:07 PM - 6:38 PM. Observations that day revealed that staff failed to implement Residents #1's and #2's BSPs, as follows: On February 19, 2009, from 4:44 PM - 5:00 1. Cross reference W193 (#1) 4/6/09 PM, Resident #1 was observed sitting quietly with his 2 hands tucked under his buttock. At 5:00 PM, he stood up from the chair, did a quick twirl and then sat back down on his hands. He repeated that procedure at 5:08 PM. He was not engaged in a meaningful activity during that 24-minute period. After dinner, Resident #1 was again observed sitting on his hands for a 29 minute period (5:45 PM - 6:14 PM), and not engaged in activities. Resident #1's BSP, dated November 17, 2008, included "sitting on hands" as a targeted behavior. The BSP stated that staff should "keep him busy. Keep his hands occupied... If he is seen sticking his hands underneath his seat, say 'stop' ... distract him by telling him to do something that requires him to use his hands..." These intervention strategies were not employed by staff on that afternoon. 2. On February 19, 2009, staff failed to intervene 2. Cross reference W193 (#2) 4/6/09 when Resident #2 repeatedly placed his fingers or thumbs in his mouth during the periods 4:12 PM-4:23 PM, 4:39 PM-5:11 PM and 5:29 PM-6:14 PM. At no time during those periods were staff observed intervening with his finger/ hand sucking and/or attempting to engage him in ealth Regulation Administration TATE FORM **ZUH011** If continuation sheet 5 of 13

To: 2024429430

04/07/2009 01:17

#532 P. 030/037

FORM APPROVED

STATEME AND PLAN BOSTO F TALL			ER/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING					(X3) DATE SURVEY COMPLETED			
		HFD03-0095		B. WN	IG			<del></del>	-	02/20/2009		
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CI	TY, STA	TE, ZIP CO	DDE			1	2012003	
COMMUNITY MULTI SERVICES, INC 3815 A WASHI				BERMARI STON, DO	LE STR 2000	REET NV 8	V	1000				
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL					(EACH		TIVE ACTION	ON SHO	CTION OULD BE ROPRIATE	(X5) COMPLI DATE	ETE
1 229	Continued From page	ge <sub>.</sub> 5		1229		<del></del>					<del></del>	
Iti	6, 2008, included the	over to them. Imme to do something els of the behaviors to ntervention strategie	sident's ingers or name>' ediately se with his									
	3. Resident #2's BS included the target b from his peers. Duri 5:25 PM, Resident # from where he sat, q bread from Resident slice into his mouth. present; however, no In addition, staff faile another piece of brea BSP.	ehavior of stealing fing dinner the night to reached across the pickly grabbed a slick #1's plate and put to the staff attempted to industrial to offer Resident #	oods pefore, at le table pe of le entire staff ntervene.		3.	Cross	refer	ence W	193	(#1,#2)	4/6/0	<b>19</b>
VAT NISSE HERE CO	On February 19, 200 review of staff in-serving on the reside interview with Staff A working in this facility A few minutes later, a second day working in about training re: the confirmed that they he BSPs prior to working According to the staff training regarding the 3520.3 PROFESSION PROVISIONS	vice training records  If A and Staff C had ents' BSPs. At 5:56 I revealed that he had for approximately 2 Staff C said this was In the facility. When residents' BSPs, bot ad not received train y with the men. If the facility had not residents' BSPs.  IN SERVICES: GENE	revealed received PM, d been months. only her asked th staff ning on offered	l <b>401</b>								
th Regulat	Professional services ion Administration	shall include both di	iagnosis				<u>-</u>			j		-
TE FORM		•	689					<del></del>			<del></del>	
	•		•	•	ZUH01	7				If continuation	on sheet 6 o	f 13

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE (	(X3) DATE SURVEY COMPLETED	
		HFD03-0095		B. WING		2011		
NAME OF P	ROVIDER OR SUPPLIER		STREET AL	DRESS, CITY	, STATE, ZIP CODE	02/2	20/2009	
СОММИ	NITY MULTI SERVIC	ES, INC	3815 ALE		STREET NW			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE OF MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FINI	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPLICATION OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF THE PROVIDER OF	OULD BE	(X5) COMPLET DATE	
I 401	Continued From pa	age 6	•	I 401		·		
	developmental levelopmental le	cluding identification o els and needs, treatm ices designed to previ ther loss of function b	ent ent					
AML	Based on interview failed to ensure tim (specifically, labora three residents in the	met as evidenced by and record review, the lely medical services story studies), for two the sample. (Resident	ne facility of the					
	#2)					•		
-	The findings include	<b>e</b> :						
1	<ol> <li>Nursing staff fail received timely labe the physician's orde</li> </ol>	led to ensure that Res oratory studies and/or ers, as follows:	sident #1 clarified		1. Cross reference W338		4/15/0	
	Resident #1's Febri (POs) revealed a di	2009, at 11:37 AM, re uary 2009 physician's agnosis on	orders					
.   I	at, low cholesterol a physician (PCP) pre evening for the cont	nia (among others) and diet order. The prima escribed Zocor 40 mg trol of his serum chole ordered serum lipids a	ry care every esterol	-		· .		
eas r	unction tests (LFT) AM, review of lab re nedical chart revea	every 6 months. At 1 sports in Resident #1's led lipid levels and LF 8, 2008 and July 8, 20	1:41 Ts were					
t	There was no writte ests.	n evidence of more re	cent			•		
# ro C fi	it's Health Manage evealed that the RN December 11, 2008 Indings of the July 8	12:10 PM, review of F ment Care Plan (HM0 I had reviewed it on . The HMCP reflected 3, 2008 labs. Further /er, revealed that the	CP)					

¥?...

To: 2024429430

04/07/2009 01:17

#532 P. 032/037

PRINTED: 03/25/2009 FORM APPROVED

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDING					(X3) DATE SURVEY COMPLETED	
		HFD03-0095		B. WING			02/	20/2009	
	PROVIDER OR SUPPLIER  NITY MULTI SERVICE	ES, INC		RMARLE	, STATE, ZIP CO STREET NV 20008			20/2009	
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1 401	Continued From pa	ige 7		1 401				<del> </del>	
	date for obtaining a addition, the nurse	ed an anticipated follo and updated lipid pand had written "N/A" in t btaining an updated l	el. In he						
NA CC PRI T	had received serum February 2009 (spe House Manager (Hi and stated that the tests annually. He Annual Medical Evain which the PCP relipid panel, TSH with annual evaluation d	en asked whether Re hab tests in January crifically lipids and LF M) reviewed the med physician had ordere pointed to Resident # aluation, dated July 1 commended "CBC, on Free T4 annually." id not, however, addr "hypercholesterolem ne diagnoses listed.	of Ts), the ical chart d those 1's 1, 2008, CMP, The						
-	The oldest POs in h Beginning with the J month since then, h order for the lipids a	st POs were then revise chart were dated July 2008 POs and east of POs reflected an ond LFT testing every all been signed by the	uly 2008. ach ngoing 6						
OE I	sought clarification f discrepancies betwe	idence that the nursing the PCP regarding the ordered freque very 6 months) versuche annual medical subs).	ng encies						
1	No additional informathe survey ended lat	ation was presented ler that evening.	before				·.·		
] [	<ol> <li>Nursing staff faile aboratory tests in ac PCP instructions. O</li> </ol>	d to schedule follow- cordance with Resid n February 20, 2009.	ent#2's		2. Cross	reference W3	38	4/15/09	

#532 P. 033/037

FORM APPROVED

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
<u> </u>		HFD03-0095		B. WING		00/0	0/0000	
AME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	02/2	0/2009	
СОММО	NITY MULTI SERVICE	ES, INÇ	3815 ALB		STREET NW		٠.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	enn i l	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOU D RE	(X5) COMPLI DATE	
. Į 401	Continued From pa	ge 8		1 401	,			
	reports revealed that results that were fla abnormal. The live transaminase (ALT	) tested "High" 54 (U/I	d 2 test ry as					
	(reference value 13 (HGB) was "low" 12 13.0-16.2 G/DL). A hole was punched thad also tested " Lo	-51 IU/L) and his hem .7 GM/DL (reference third, unidentifiable fa hrough the name/ider ow " 38.7% (reference CP had circled the 3	noglobin actor (a httfier)					
-	and wrote "Repeat" to them. In addition urinalysis had not be cancelled-patient un review of Resident # written evidence tha	and/or "Repeat fastin , the test report indica- een performed "test lable to void." Furth  2's medical chart rev t the labs had been re	g" next ated that er ealed no					
3. 1	the telephone wheth for repeat lab testing tests. She stated the receiving additional I the Director of Nursi	CP.  O PM, the RN was as er Resident #2 had re since the August 22, at she did not recall habs; however, she wong. No additional infoe the survey ended la	eturned 2008 is ould ask					
1422 3	3521.3 HABILITATIO	ON AND TRAINING		1 422				
2	and assistance to res	provide habilitation, tra sidents in accordance dual Habilitation Plan	with					
T F	This Statute is not maked on observation eview, facility staff famplementation of res	net as evidenced by:  n, staff interviews and  alled to ensure continu  sidents' behavior supp  with their Individual S	l record					

From: To: 2024429430 04/07/2009 01:17 #532 P. 034/037 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING tes B. WING HFD03-0095 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW COMMUNITY MULTI SERVICES, INC WASHINGTON, DC 20008 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1422 Continued From page 9 1422 sample. (Residents #1 and #2) The findings include: On February 19, 2009, residents were observed in the facility from 6:25 AM - 9:03 AM and again from 4:07 PM - 6:38 PM. During the Entrance Conference, at approximately 9:15 AM, the Qualified Mental Retardation Professional (QMRP) stated that all 6 residents had formal. written behavior support plans (BSPs). Observations later that day revealed that staff failed to implement the residents' BSPs, as follows: 1. On February 19, 2009, at 4:44 PM, Resident Cross reference W193 (#2) 4/6/09 #1 sat in his 'favorite' chair in the living room after he finished eating a snack. For the next 16 minutes, he was observed sitting quietly with his 2 hands tucked under his buttock. He was not engaged in a meaningful activity. At 5:00 PM, he stood up from the chair, did a quick twirl and then sat back down with his hands under his buttock. At 5:03 PM, Staff A, who was interacting with another resident nearby, asked Resident #1 to place his hands on his lap. The resident complied. The staff resumed interacting with the other resident but then Resident #1 promptly placed his hands back underneath his buttock. He remained without a meaningful activity. At 5:08 PM, he stood up twirled once and then sat back down. Staff A saw the resident twirl and asked him if he wanted help with his belt. The resident stood up and the staff observed that his

lealth Regulation Administration

not engaged in activities.

belt was OK. The resident sat down again and remained sitting quietly until he and his peers were called to dinner at 5:11 PM. Later, Resident #1 was again observed sitting on his hands for a 29 minute period (5:45 PM until 6:14 PM), and

TATE FORM

04/07/2009 01:18

#532 P. 035/037

FORM APPROVED

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI			(X3) DATE SURVEY COMPLETED	
MANAE OF		HFD03-0095		B. WING_		02/	20/2009	
	PROVIDER OR SUPPLIER	•	1		STATE, ZIP CODE			
<del></del>	NITY MULTI SERVICE		WASHING	TON, DC 2	STREET NW 10008	. •		
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	ATEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FILL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
1422	Continued From pa	ge 10		1 422				
	beginning at 2:19 P November 17, 2008 as a targeted behave should "keep him be occupied. Watch hi if he is bored or is be maladaptive, challer something to do. Pa he is seen sticking it seat, say 'stop' dis something that requestaff did not, however on February 19, 200	I, included "sitting on rior. The BSP stated usy. Keep his hands m closely. When he eginning to start one nging behaviors, han ay a lot of attention to hands underneath tract him by telling hires him to use his hards.	hands" that staff looks as of his him his im to do ands"					
	It should be noted the asked to participate activities. For exame the kitchen from app PM, rinsing dishes addishwasher and wipi	in pre or post-dinner ple, Staff B was obseroximately 5:34 PM at the sink, loading the gown the counter	erved in - 6:14 le s.					
(MZ)	<ol> <li>On February 19, : with Resident #2's ta hand sucking in acco follows:</li> </ol>	rgeted behavior of fi	nger/		2. Cross reference V	1193 <b>#</b> 2	4/6/09	
l f	4:12 PM - Resident # mouth while seated i up and walked aroun or the next 5 minute mouth. No staff inter	n the living room. He id the main floor of th s with his thumb in hi	e stood					
r F C	1:17 PM - For a very his thumb while Staff and not prompted hin Once the shoe laces and into his mouth, a minutes without sta	A tied his shoe laces to remove the thur were tied, he put his and kept if there for t	s. Staff  b. thumb					

From: To: 2024429430 04/07/2009 01:18 #532 P. 036/037 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING TA: **B. WING** HFD03-0095 02/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW COMMUNITY MULTI SERVICES, INC. WASHINGTON, DC 20008 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1422 Continued From page 11 1422 Resident #2 switched hands, placing his right thumb into his mouth for another 3 minutes. 4:23 PM - Afternoon snacks were announced and Staff A asked Resident #2 to go with him to wash his hands. They left the living room together. He and the staff returned from the restroom approximately one minute later. The resident was observed walking to the dining room with his index finger placed in his mouth. No staff intervened. وكرانيكيسا 4:39 PM - After snack, Resident #2 took a seat in the living room. He promptly put his left thumb in his mouth and kept it there for several minutes, biting on the nail. At 4:44 PM, Staff A walked towards him, looked directly at him but then continued walking past him without intervening. At 5:04 PM, the resident changed hands, placing his right thumb and fingers in his mouth. He was not engaged in a meaningful activity between 4:39 PM - 5:11 PM, when he and his peers were called to dinner. 5:29 PM - After dinner, Resident #2 took a seat in the living room, placed his left fingers in his ξ<u>0</u>. mouth, and remained without active engagement for the next 15 minutes. . 5114 5:50 PM - Resident #2 stood gazing out the front window with his left thumb in his mouth for CG: several minutes. He then stuck his right index finger into his right eye, then placed his right thumb in his mouth. He remained in the living

At no time during the previous 45 minutes, were lealth Regulation Administration

minutes.

room without a substantive activity for another 15

6:14 PM - Resident #2 and his peers were called to the basement for exercise and socialization.

STATE FORM

piri.

ZUHO11

To: 2024429430

04/07/2009 01:18

#532 P. 037/037

PRINTED: USIZOIZUUS FORM APPROVED

STATEME AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUL A. BUILD B. WING	<del></del>	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED		
NAMEOS	DD0/4055 45 500	HFD03-0095				02/	02/20/2009		
	PROVIDER OR SUPPLIER	į			, STATE, ZIP CODE				
×+	INITY MULTI SERVICE	ES, INC	3815 ALBE WASHINGT	RMARLE ON, DC	STREET NW 20008				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMA	*1.11.1	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE		
1 422	Continued From pa	ge 12		1422			· ·		
	staff observed inter sucking and/or atter treatment.	vening with his finger/ mpting to engage him	hand in active		2. Cross reference	<b>7</b> 193 <b>∦</b> 2	4/6/09		
	beginning at 2:40 Pl 2008, included the f reduce self-stimulat behaviors, the focus	was reviewed the nex M. The BSP, dated Mollowing: "prevent a ing and self-injurious is is often on the hand,	lay 6, nd	-					
EK PKI CITA	or thumb If <resident 'stop="" <resident's="" behaviors<="" do="" else="" f="" his="" imme="" of="" one="" over="" say="" something="" starting="" suck="" td="" the="" them.="" to=""><td>ent's name&gt; is observingers or thumb, staff ingers or thumb, staff in name&gt;' and have hir diately verbally redire with his hands wo to increase" Staff ose strategies on Febr</td><td>should n come ct him rk on</td><td></td><td></td><td></td><td></td></resident>	ent's name> is observingers or thumb, staff ingers or thumb, staff in name>' and have hir diately verbally redire with his hands wo to increase" Staff ose strategies on Febr	should n come ct him rk on						
	3. Resident #2's BS included the target b from his peers. Duri before, at 5:25 PM, if the table and quickly from Resident #1's p slice into his mouth a were several staff prothe only person who Resident #4 (reached missed it). Staff B, win another direction, a occurred. Staff C infinant taken #1's bread revealed the following from someone, he shift the food gets handle should be discarded a more." Staff did not coiece of bread, or an	ormed him that Reside	ods t across read e entire There rever, e was nd, but ention ent #2 food o eat it. ne>, it get						
th Regulat	ion Administration	•							
TE FORM			6899	. 71	JHO11				